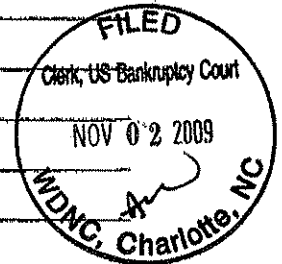


(6)

79-50119

## REQUEST WAIVER OF PERSONAL APPEARANCE

I own a business in Easthampton, Mass and  
it would pose some problems to have to travel to North  
Carolina



X  
**SIGNATURE OF CLAIMANT**

*Peter Maher*

**PRINTED NAME OF CLAIMANT**

43 Woodbridge Dr. Suffield CT

**CLAIMANT ADDRESS**

06078

8 413-527-2350

**DAYTIME TELEPHONE NUMBER**

**DATE**

10/20/09